



Department of Health

Our ref: 1055768

Your ref:

Mr Christopher Dorries
HM Senior Coroner
South Yorkshire (West)
The Medico-Legal Centre
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S3 7ET

*Philip Dunne MP
Minister of State for Health*

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22 February 2017

Dear Mr Dorries

Thank you for your letter of 18 October 2016 following the inquest into the death of Captain James Michael Bedforth. I am responding as the Minister with responsibility for hospital care at the Department of Health.

I was sorry to hear of Captain Bedforth's death. Please extend my condolences to his family and loved ones.

Your report explained that Captain Bedforth attended hospital in Barnsley on 18 April 2015 with pains in his left leg around the knee. Appropriate investigations were made (in accordance with NICE guidelines) which included scanning of the upper but not lower leg. Nothing was found and the patient was discharged.

On 29 June 2015 Captain Bedforth collapsed at his home following a long flight. He was admitted to hospital with symptoms of Deep Vein Thrombosis (DVT) where his condition worsened. Following a CT scan Captain Bedforth was treated with Heparin, but his condition deteriorated markedly after a seizure late that evening. A further CT scan showed an unsurvivable left sided acute cerebral haemorrhage. The inquest found a strong inference that this had arisen from over-anticoagulation with Heparin. Captain Bedforth died the following morning, 30 June 2015.

You asked that the Department of Health considers whether it is appropriate for further research to be conducted as to the question of lower leg scanning.

The inquest heard that the scanning practice followed after Captain Bedforth's first attendance in April 2015, was in accordance with NICE guidelines which do not include scanning the lower leg. As it became apparent there is mixed clinical practice on this point, your view is that some hospitals consider that lower leg scanning is worthwhile. As most hospitals are, or should be, working to NICE guidelines, I therefore advised that you should consider inviting NICE to respond to this case directly. My officials provided you with contact details and I understand that NICE are looking into this and will respond directly to you and copy me into their reply. I have also consulted the Royal Society of Medicine Venous Forum (RSMVF) and asked for their comments on this case. RSMVF advises that it is not possible, without full clinical details on Captain Bedforth's case, for them to comment on the specifics or ascertain whether the detailed recommendations of NICE clinical guidelines (CG144) were followed.

However, RSMVF also points out that the evidence for treating distal DVT alone is weak and cites a recent CACTUS trial (lancet haematology 2016) which showed no benefit in treating symptomatic below knee DVT. RSMVF is of the opinion that ~~that~~ even if Captain Bedforth had had a full leg scan, and had been found to have a below knee DVT in April 2015, the evidence is not clear on whether he should have been immediately anticoagulated at that time.

As such RSMVF also recommend that these issues be referred to NICE for comment as the type of scanning used for these investigations originated with the NICE guideline (CG144).

I hope this reply is helpful and I am grateful to you for bringing the circumstances of Captain Bedforth's death to my attention.

I am copying this letter to Sir Andrew Dillon, Chief Executive of NICE.

Yours sincerely
Philip Dunne

PHILIP DUNNE